## FEDERAL COMMUNICATIONS COMMISSION Approved by OMB Washington, DC 20554 3060-0076 FCC 395 Est, time per response: COMMON CARRIER ANNUAL EMPLOYMENT REPORT 1 hour [Please read instructions before completing and for Notice regarding public burden.] SECTION 1 - General Information 1 Name and Mailing Address of Respondent: NH#1 Rural Cellular, Inc. ☐ Check here if this is a change of 8410 Bryn Mawr Ave address Chicago, Illinois 60631 FRN: 2841948 Internal Code(s): 0425,0694,0775 3. Reporting Period (Ending Date of Pay Period Covered by Report) 4 Number of Full-Time Employees during Selected Reporting Period (check one) 2. Year Report Filed Fewer than 16 (complete Sections 1, IV, and V only) 3/15/2017 to 3/31/2017 b. 16 or more (complete all sections) SECTION II - Full Time Employees. Number of Employees (Report employees in only one category) Race/Ethnicity Not-Hispanic or Latino Hispanic or Latino Female Job Male Total Categories Native Native Columns Hawaiian American Hawaiian American A-N Black or Two or Two or Black or Indian or Indian or or African Asian Asian White more Male Female White African more Other Other Alaska Alaska American races American races Pacific Native Pacific Native Islander Islander В С D Ε F G Н J Κ L М Ν Α Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers 1,2 Professionals Technicians Sales Workers Administrative Support Workers

Craft Workers

Laborers and Helpers

PREVIOUS YEAR TOTAL 11

Service Workers

Operatives

TOTAL

FCC 395

SECTION III - Part T	ime En	nployees	s.													
		Number of Employees (Report employees in only one category)														
		Race/Ethnicity														
		Hispanic or		Not-Hispanic or Latino												
Job		Latino		Male Female												
Categories		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N
		Α	В	С	D	Е	F	G	Н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1,1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
PREVIOUS YEAR TOTA		1	1	1	0	0	0	0	0	2	0	0	0	0	0	5
SECTION IV - Repo	rt of Di	iscrimin	ation Com	plaints Pur	suant to 47	7 CFR 22.32	21, 23.55, 90	.168, 101.4	l, and 101	,311						
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition																
SECTION V - Certif	ication	I														
I certify that to the	best of	f my kno	wledge, in	formation,	and belief,	all stateme	ents in this	report are	true and c	orrect			r=			
Date 5/8/2017		Typed or Printed Name of Person Signing Gina M. Cozzone  Signature  Telephone No 773 399-7047														
Title of Person Signing Government Con	nplian	ce Dive	ersity Mar	nager	WILLFI AND/O U S C	R REVOCA	E STATEME TION OF A	NTS MAD	ON THIS	FORM A	RE PUNISH	IABLE BY F ON PERMIT	INE AND/O	OR IMPRISC 312 (A)(1) A	NMENT (1: AND/OR FC	8 U S C 1001) PRFEITURE (47